



# Sibling Application

Student Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

In school year: \_\_\_\_\_

Sibling(s) Name(s) and Grade(s):  
\_\_\_\_\_

## Admissions Process

### Step 1:

Submit completed application and pay the application fee (\$150 per student to a maximum of \$300 per family).

### Step 2:

On receipt of an official acceptance letter, submit the non-refundable enrolment deposit (\$200 per student), which confirms your intention to enroll your student(s) at WRCA and holds the seat(s) in their class(es) for September. This deposit will be applied toward the yearly tuition.

## Application Checklist

Note: All items must be received before your application will be reviewed.

- Student Profile (pg. 1-2)
- Standard of Conduct (pg.3)
- Student Faith Commitment (pg. 4)
- Responses to Student Faith Commitment questions (K-Gr12 only)
- Privacy Policy Consent Form (pg. 5)
- Legal Residency of Parents Form (pg. 6)
- Supporting documentation for Legal Residency of Parents Form  
e.g., Copy of parent's Canadian passport, citizenship card, permanent resident card or work permit.
- Supporting documentation for ordinary residency of BC: a copy of BC Care Card, BC Driver's Licence or BC Services Card
- Copy of student's Canadian birth certificate showing parents' names, OR non-Canadian birth certificate (including English translated copy) AND passport (if not born in Canada)
- Copy of student's immunization record
- Copy of student's most recent report card (Grades 1-12) or progress report from pre-school / kindergarten
- Application fee (\$150 per applicant to a maximum of \$300 per family)

\*Please note the application fee is non-refundable.

### Additional Items:

- \$150 language assessment fee (if determined necessary upon review of your application)



## STUDENT PROFILE

Student's Name: \_\_\_\_\_  
Legal Last Name                      Legal First Name                      Legal Middle Name

\_\_\_\_\_                      \_\_\_\_\_  
Usual Last Name (if different)                      Usual First Name (if different)

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Day/Month/Year                      City                      Country

Country of Citizenship: \_\_\_\_\_

Personal Health Number (Care Card): \_\_\_\_\_

Requested Grade Placement: \_\_\_\_\_ For \_\_\_\_\_  
Month                      Year

List chronologically all previous schools attended, including Kindergarten.

NAME OF SCHOOL	Year(s)	Grade(s)

Previous academic achievement has been:

Superior     Above average     Average     Below Average

Has the student ever received any learning assistance, ESL training, special education instruction or counselling?

Yes     No    Explain: \_\_\_\_\_

Has the student ever repeated a grade or been retained?  Yes     No

If yes, state at which grade level and explain reasons: \_\_\_\_\_

\_\_\_\_\_

Has the student ever been suspended or expelled?  Yes     No

If yes, state at which grade level and explain reasons: \_\_\_\_\_

\_\_\_\_\_

How many days of school did the student miss last year? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Describe any physical, mental or emotional disabilities (heart, hearing impaired, speech impediment, nervous condition, etc.): \_\_\_\_\_  
\_\_\_\_\_

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, etc.): \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any LIFE-THREATENING allergies or illness?  Yes  No

[If Yes, please upload a doctor's note stating the diagnosis and emergency procedures instructions for the school.]

Does your child have any NON-life-threatening allergies or illness?  Yes  No

Please describe: \_\_\_\_\_

What other medical information would help us understand your child better (speech, hearing, birth complications, heart, vision, development, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc)? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any diagnostic testing?  Yes  No

If yes, what type of testing? \_\_\_\_\_

Does your child meet or has met the criteria for a BC Ministry of of Education Designation?  Yes  No

If yes, identify the designation: \_\_\_\_\_

Does your child currently or in the past ever had an IEP?  Yes – Please upload any copies  No

Do any agencies such as the Sunny Hill Centre, health clinics or speech pathologists have reports on your child?  
 Yes – Please upload any copies  No

Is your child currently on any waitlist for agencies such as the Sunny Hill Centre, health clinics, speech pathologists, or a psycho-educational assessment?  Yes  No

If your child plays an instrument, please let us know what instrument and how long they have played it: \_\_\_\_\_  
\_\_\_\_\_

If your child plays sport, please let us know what sport: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Please upload:

- Copy of student's birth certificate (with parents' names)
- Copy of student's most recent report card
- Copy of student's immunization record
- Copies of any relevant reports from specialists (e.g. IEPs, psycho-educational reports, speech)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_